

Aquinas

PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student: _____

Student Date of Birth: _____

Current School Attending: _____

School Address/Contact: _____

I hereby authorize **Aquinas Academy** to request and/or release records relative to my children's previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

AQUINAS ACADEMY
340 NORTH MAIN STREET
GREENSBURG, PA 15601

Parent/Guardian please sign and date below:

(Signature of Parent/Guardian)

(Date)

RECORDS REQUESTED – PLEASE SEND TWO YEARS WORTH:

- X Attendance Data
- X Report Cards (Past and Current)
- X Group Aptitude and Achievement Testing
- X Health, Medical and Dental Records
- X Personal History
- X Psychological Reports
- X Psychiatric Evaluations
- X Special Education Due Process Papers and IEP
- X Speech and Language Evaluations
- X Instructional Support Plans and Summaries
- X Discipline Reports
- X Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list